

NEONATAL VENTILATION UPDATE 2008  
by Paediatric Department Hospital Kuala Lumpur  
and the Perinatal Society of Malaysia  
22<sup>nd</sup> – 23<sup>rd</sup> November 2008  
Paediatric Auditorium, Paediatric Institute  
Hospital Kuala Lumpur

**REGISTRATION FORM**

Full name (Dr/Encik/Puan/Cik): \_\_\_\_\_

Name on badge: \_\_\_\_\_

Institution/ hospital: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Please insert registration fees to be paid in 'amount' column below:

REGISTRATION FEES (RM)			
Category	PSM member	Non PSM member	Amount
Specialist	180.00	220.00	
Medical officer	100.00	150.00	
Nurse/other paramedic	80.00	100.00	

All payment to be issued in favour of "Perinatal Society of Malaysia", CIMB Bank Kampung Baru Branch, Account No. 1416 0013042 059

Hospital sponsored delegates are to submit LPO with registration form, otherwise to submit registration form with a letter of undertaking from sponsoring hospital.

**Please send registration forms preferably by fax or email to :**

Ms. Rachel Ong Fax: 03 7954 6651 email: [rachelong@schmidt bmt.com](mailto:rachelong@schmidt bmt.com)

Phone for enquiries: 03-7844 9000 ext 231/ 03 - 7844 9031 (Ms. Rachel Ong) or 03-2615 5471 (Sr. Ranjit, MNICU, HKL)

Acknowledgement of registration and payment will be given by secretariat within one week.

**Closing date for registration: 14<sup>th</sup> November 2008**